

**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

In re Application of:

MICHAEL A. RUSSELL, CLAUDE A. VIDAL ET AL

Application No.

10/634,513

Filed:

August 4, 2003

Title:

ANESTHESIA MANIFOLD AND INDUCTION VALVE

Attorney Docket No.

A-9554

Art Unit:

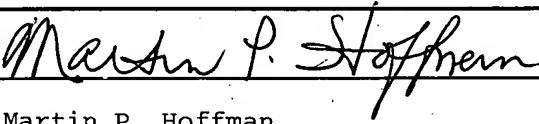
3763

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
SANFORD T. COLB	26,856

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does **not** have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Signature		Date
Name	Martin P. Hoffman	Registration No., if applicable 22,261
Telephone	(703) 415-0100	

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

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